

MQAC CASE MANAGEMENT TEAM ASSESSMENT

Wednesday CMT – Telephonic Assessment

Respondent: Twe, Saim

Case Number: 2011-155735

Date: <u>6-29-11</u>	Staff Attorney: <u>Berg</u>	Clerk: <u>Kramer</u>
Panel Chair:	Cullen, Andison, Brantner, Burger, Clower, Concannon, Elders, Green, Johnson, Pattison, Tobin Dore, Gotthold, Harder, Harvey, Hensley, Hopkins, <u>Page</u> , Robins, Ruiz, Sen	
Staff Present: ED, ISU, PM, Staff Atty, Disc Mgr, Other	Jansen, <u>Dr. Hays</u> , <u>Smith</u> , Newman, <u>Kramer</u> , <u>Creighton</u> , <u>Farrell</u> , <u>Berg</u> , Caille, McLaughlin, Landreau, Mager	

A. FILE CLOSED PRIOR INVESTIGATION (BEFORE)

<input type="checkbox"/> BT1 - Advertising that is a technical violation	<input type="checkbox"/> BT7 - Insufficient information	<input type="checkbox"/> BT12 - Profession-Specific Threshold Explain: _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur
<input type="checkbox"/> BT2 - Aged or outdated complaints	<input type="checkbox"/> BT8 - Issues which have been otherwise resolved. Explain resolution: _____ (Detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT13 - Referral to another program or agency
<input type="checkbox"/> BT3 - Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT9 - Lack of complaint credibility	<input type="checkbox"/> BT14 - Risk minimal, not likely to reoccur
<input type="checkbox"/> BT4 - Communication and personality issues	<input type="checkbox"/> BT10 - No Jurisdiction	<input type="checkbox"/> BT15 - Time practice on an expired credential for a period of time accepted by the disciplining authority
<input type="checkbox"/> BT5 - Complainant withdrew	<input type="checkbox"/> BT11 - No violation at the time the event occurred	<input type="checkbox"/> BT16 - Unidentified complainant, client or patient name and no allegations of significant harm or potential harm
<input type="checkbox"/> BT6 - If allegations are true, no violation of law occurred	Further explanation (if any): _____	

B. SCOPE OF INVESTIGATION AUTHORIZED: ☐ Entire complaint ☐ Limit investigation ☐ Focus investigation

Notes: _____

C. PRIORITY ☐ A (risk of immediate danger) ☐ B (serious risk) ☐ C (moderate risk) ☐ D (minor risk) ☐ E (technical violations)

D. SEXUAL MISCONDUCT CASES: Refer complaints of sexual misconduct to the Secretary when the case does not involve clinical expertise or standard of care issues. (If the panel cannot tell if clinical issues exist, the panel may request the investigator contact the complainant or key witness)

☐ Panel finds there are clinical issues, do not refer ☐ No clinical issues, refer case to Secretary ☐ Contact complainant or witness for more info

E. CLOSED AFTER INVESTIGATION

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A7-Mistaken identity
<input checked="" type="checkbox"/> A2-Complainant withdrew-	<input type="checkbox"/> A8-No Jurisdiction
<input type="checkbox"/> A3- Unique closure (panel must explain)	<input type="checkbox"/> A11-No Whistleblower
<input type="checkbox"/> A5- Evidence does not support a violation	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
Further Explanation: _____	

GUIDE FOR CLOSURE CODES

June 2010

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, suspension, or other means. <ul style="list-style-type: none"> Respondent died. Other circumstances (explain): _____ _____ _____
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> Cannot establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision. Includes situations where the investigator was unable to obtain all material evidence. Despite the evidence, the alleged misconduct does not constitute a UDA violation.
A-7	Mistaken Identity	Case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosecode revised pjh0521-2010

Case View Screen [update]

Case	2011-155735 (PUBLIC)	Date Created	04/19/2011	Audit Entry Items Documents Notes Master Ca Participan Add Maste Timeline I
Status	CLOSED	Date Received	04/12/2011	
Respondent ID	422911	How Received	Mail	
Respondent	SUI MEN TWE	Receiving Board	COMMISSION	
Credential	MD.MD.00016879	Receiving Profession	Physician And Surgeon License	
Complainant ID	989024	Receiving Department	Case Intake	
Complainant	4 - Identity - Whis...	Received By	Cynthia R Hamilton	
		Alleged Issues	Records	
		Case Nature	Standard of Care/Services	

Comments:

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- TimeTracker
- Action Items

Priority History [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
May 2 2011 8:31AM	C Priority	Other...	Medical Commission	04/27/2011	The complainant..	NO	Creighton, V

Other Participants [add]

No additional participants found

Resolution [update]

Department: Case Management
 Worker: Angela M Bucci
 Date Closed: 06/29/2011

Found Issues
 None
 Resolution
 Complainant withdrew

Resolution Notes:**Current HIPDB Reports****Type****Submission Date****Status****DCN****Case I**

No HIPDB Reports found for this credential.

Time Tracker**Charge Back Totals**

Department	Hours	Amount
------------	-------	--------

Cost Recovery Totals

Department	Hours	Amount
------------	-------	--------

Cost Recovery Invoicing









Respondent	InvoiceDate	User
------------	-------------	------

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created ▼
Change	Case Management, Bucci, Angela M				06/29/2011	06/29/2011		06/29/2011
Status to Closed								
Target: SUI MEN TWE, MD.MD.00016879								
Case Status: Status Changed To: CLOSED								
Action Info: Resolution Recorded? Yes								
Comments: Closed A-2								
Present for	Case Management, Bucci, Angela M				06/29/2011	06/29/2011		06/29/2011
Assessment								
Target: SUI MEN TWE, MD.MD.00016879								
Action Info: Decision Date 06/29/2011								
CMT Decision Maker 1 Gotthold William								
CMT Decision Maker 2 Hopkins Bruce								
CMT Decision Maker 3 Harvey Susan								
CMT Decision Maker 4 Page Judith								
CMT Decision Maker 5 Berg Larry								
CMT Decision Maker 6 Heye George								
CMT Decision Maker 7 Creighton Vicki								

CMT Decision Maker 8 Smith Jim
CMT Decision Maker 9 Kramer Mike

Comments: Closed A-2

	Forward for Case Management, Bucci, Angela M	[add]	06/10/2011	06/10/2011	06/10/2011
	Case Manager Review Invest Complete				
	Target: SUI MEN TWE, MD.MD.00016879				
	Case Status: Status Changed To: Case Disposition				
	Investigative Investigation Supervisor, Smith, James H	[add]	06/10/2011	06/10/2011	06/10/2011
	Forward for Closure of Investigation				
	Target: SUI MEN TWE, MD.MD.00016879				
	File Investigation, Creighton, Vicki I		05/02/2011	06/10/2011	05/02/2011
	Location				
	Target: SUI MEN TWE, MD.MD.00016879				
	Comments: Awaiting WBW return - due 5/16/11				
	5/19/2011 - 2nd WBW letter mailed - due 5/27/11				
	5/31/11 File forwarded for phone call.				
	5/31/11 Mary Creeley spoke with Complainant. Complainant was not going to return WBW because Respondent had threatened her. She had thrown away both waivers. Complainant has decided to sign waiver. New one mailed 6/2/2011 - due 6/9/11.				
	6/10/2011 Forwarded for closure.				
	Change Investigation, Creighton, Vicki I		05/02/2011	05/02/2011	05/02/2011
	Case Owner				
	Target: SUI MEN TWE, MD.MD.00016879				
	Investigative Investigation, Creighton, Vicki I	[add]	04/29/2011	04/29/2011	05/02/2011
	Correspondence - General				
	Target: SUI MEN TWE, MD.MD.00016879				
	Comments: 5/2/2011 Notification, acknowledgement & whistleblower waiver letters mailed				
	Forward for Investigation Supervisor, Smith, James H		04/27/2011	04/27/2011	04/28/2011
	Investigation				
	Target: SUI MEN TWE, MD.MD.00016879				
	Case Status: Status Changed To: Investigation				
	Present for Case Management, Hamilton, Cynthia R		04/19/2011	04/27/2011	04/28/2011
	Assessment				
	Target: SUI MEN TWE, MD.MD.00016879				
	Case Status: Status Changed To: Assessment				
	Action Info: Decision Date 04/27/2011				
	CMT Decision Maker 1 Gotthold William				
	CMT Decision Maker 2 Hopkins Bruce				
	CMT Decision Maker 3 Tobin Judy				
	CMT Decision Maker 4 Elders Theresa				
	CMT Decision Maker 5 Mager Suzanne				
	CMT Decision Maker 6 Smith Jim				
	CMT Decision Maker 7 Heye George				
	CMT Decision Maker 8 Newman Dani				
	CMT Decision Maker 9 Creighton Vicki				
	Intake Case Intake, Hamilton, Cynthia R		04/19/2011	04/19/2011	04/19/2011 H.
	Target: SUI MEN TWE				
	Warning: Warning Type: CASE PENDING				
	Warning Effective Date: 04/19/2011				
	Suppress License Print: NO				
	Case Status: Status Changed To: Intake				
	Action Info: Complaint Source Patient/Client/Resident				
	Possible Imminent Danger? No				
	Single Complaint				
	Process Coordination Needed? No				

POST INVESTIGATION REVIEW
Case Number: 2011-155735

***Date: 6-17-2011**

Date: April 19, 2011

Presented by: George Heye, MD

Respondent:	TWE, SUI MEN, MD	King County
--------------------	-------------------------	--------------------

Complainant:	Ms. <small>4 - Identity - Whistleblow...</small>
---------------------	--

CASE SUMMARY

The Respondent:

Board Certified:	No. Self designation: FAMILY MEDICINE
DOB:	12-22-2935
Licensed since:	08-23-1978
Expiration date:	12-22-2011
Medical School:	1959—Inst of Med I; Yangon, Myanmar
Residency:	Per AMA report: "NONE REPORTED TO DATE"

The Complainant A patient.

Malpractice Settlement: N/A.

The Complaint: The complainant obtained a copy of her medical records and found pages for another patient in her file. There is no similarity in names between the complainant and the other patient.

***Post Investigation Review: 6-17-2011**

The patient decided to not go through with her complaint. She said the respondent told her that if she went forward with her complaint she would prosecute her for taking her (complainant's) records. Complainant told the investigator that she would send in a WBW so a third form was mailed to her but it was never returned.

1 - Attorney work product - RCW 42.56.290

Prior Cases:

92-05-0003MD – Closed No Jurisdiction (not investigated).

2009-136595 – The complainant says that the respondent prescribed large amounts of a benzodiazepines along with Tylenol with codeine to a patient who was abusing the medication. In late 2008 the patient went into rehab and was then off medications for about three months at which time the respondent once again prescribed benzodiazepines for the patient. The respondent is reportedly aware that the patient also uses marijuana, drinks and "takes other pills" yet continues to prescribe for her.

The complainant also mentions a second patient who may be supplementing her pain medications with occasional visits to the respondent. This patient does not live in the area where the respondent practices.

Closed NCFA.

2010-149637 – The complainant writes that the respondent has been refilling her husband's medication (Zoloft) for the past three years without ever seeing him during that time in follow-up. The patient recently went off the medicine for three months but then started back up again and the respondent approved the refill without a comment or questioning why the patient's use fell off for a while. The wife also questions whether her husband really needs to be taking the medication at all.

Currently in Case Disposition. Investigator: Pyles; Staff Atty: Caille; RCM: Small.

2010-150689 – The respondent reportedly has prescription medications returned to her by some of her patients. She will distribute these medications to other patients who cannot afford to pay for them. Some of the medication is reportedly out of date.

Currently in Case Disposition. Investigator: Slavin; Staff Atty: Caille; RCM: Harder.

2011-155286 – A complainant is concerned with the respondent's prescribing of opioid medications to patients. One of the patients was reported to be selling the medication, another was reported to be getting medications from other providers as well. A third patient was on an extremely high dose of a schedule II opioid. Other issues of concern were patients paying for the medications with cash and coming from areas that were geographically remote from the respondent's practice.

Currently in Investigations. Investigator: Pyles.

Recommendation:

MEDICAL QUALITY ASSURANCE COMMISSION

MEDICAL INVESTIGATIONS

June 10, 2011

TO: Jim Smith
FROM: Vicki Creighton
RE: Sui Men Twe, MD
2011-155735MD

This case was approved to be investigated on April 27, 2011.

The complainant obtained a copy of her medical records and found pages for another patient in her file. There is no similarity in names between the complainant and the other patient.

On April 29, 2011, the acknowledgement and whistleblower waiver letters were mailed.

On May, 19, 2011, the 2nd WBW letter was mailed.

On May 31, 2011, Investigator Mary Creeley contacted the complainant to remind her that she needed to complete the WBW. The Complainant stated that the Respondent told her if she went further with the state, she (Respondent) would prosecute her for taking her (Complainant's) records. Complainant went on to say that she and her husband talked and decided to not go through with the complaint.

The Complainant, after talking with Investigator Creeley, indicated that she had thrown away both WBW requests and asked that another be mailed to her. A third request was mailed on June 1, 2011. Complainant was given until June 9, 2011, to return the waiver.

To this date, the waiver has not been returned.

This case is being forwarded for closure.

 6/10/11

MQAC ASSIGNMENT MEMO

Case #: 11-155735 MD

Respondent: TWE, SUI MD

Date Received: 4-27-11 Date Assigned: 4-27-11

Investigator: Connie Pyles

Priority: A ☐ B ☐ C ☒ D ☐ Code: 20

☒ Respondent Notification Letter

☒ Complainant Acknowledgement Letter

☒ Whistleblower Letter & Waiver

☐ Malpractice Letter

Abandonment	Health & Safety Violations	Neglect	Possible Summary Action	Sexual Misconduct
Abduction	High visibility	No Patient Harm	Practice Beyond Scope	Single Complaint Process
Abuse	Imminent Harm	Non-Compliance	Prohibition in another state	Standard of Care
Action w/other state/jurisdiction	Inappropriate Communication	Other <input checked="" type="checkbox"/>	Sanitation	Substance Abuse
Credential Application	Inspection Issues	Patient Abuse	Serious Injury	Testing Issues
EMTALA	Jurisdictional Questions	Patient Death	Serious Physical Harm	Transfusion Fatality
Exposure to physical/fire hazards.	Mandatory Suspension	Physical Plant	Sexual Contact	Unlicensed Practice

Comments: _____

report run 1/19/11

MQAC REVIEW
Case Number: 2011-155735

Date: April 19, 2011

Presented by: **George Heye, MD**

Respondent:	TWE, SUI MEN, MD	King County
--------------------	-------------------------	--------------------

Complainant:	Ms. 4 - Identity - Whistleblow...
---------------------	-----------------------------------

CASE SUMMARY

The Respondent:

Board Certified:	No.	Self designation: FAMILY MEDICINE
DOB:	12-22-2935	
Licensed since:	08-23-1978	
Expiration date:	12-22-2011	
Medical School:	1959—Inst of Med I; Yangon, Myanmar	
Residency:	Per AMA report: "NONE REPORTED TO DATE"	

The Complainant: A patient

Malpractice Settlement: N/A.

The Complaint: The complainant obtained a copy of her medical records and found pages for another patient in her file. There is no similarity in names between the complainant and the other patient.

RCM Review

Prior Cases:

92-05-0003MD – *Closed No Jurisdiction (not investigated).*

2009-136595 – The complainant says that the respondent prescribed large amounts of a benzodiazepines along with Tylenol with codeine to a patient who was abusing the medication. In late 2008 the patient went into rehab and was then off medications for about three months at which time the respondent once again prescribed benzodiazepines for the patient. The respondent is reportedly aware that the patient also uses marijuana, drinks and "takes other pills" yet continues to prescribe for her.

The complainant also mentions a second patient who may be supplementing her pain medications with occasional visits to the respondent. This patient does not live in the area where the respondent practices.

Closed NCFA.

2010-149637 – The complainant writes that the respondent has been refilling her husband's medication (Zoloft) for the past three years without ever seeing him during that time in follow-up. The patient recently went off the medicine for three months but then started back up again and the respondent approved the refill without a comment or questioning why the patient's use fell

off for a while. The wife also questions whether her husband really needs to be taking the medication at all.

Currently in Case Disposition. Investigator: Pyles; Staff Atty: Caille; RCM: Small.

2010-150689 – The respondent reportedly has prescription medications returned to her by some of her patients. She will distribute these medications to other patients who cannot afford to pay for them. Some of the medication is reportedly out of date.

Currently in Case Disposition. Investigator: Slavin; Staff Atty: Caille; RCM: Harder.

2011-155286 – A complainant is concerned with the respondent's prescribing of opioid medications to patients. One of the patients was reported to be selling the medication, another was reported to be getting medications from other providers as well. A third patient was on an extremely high dose of a schedule II opioid. Other issues of concern were patients paying for the medications with cash and coming from areas that were geographically remote from the respondent's practice.

Currently in Investigations. Investigator: Pyles.

Recommendation:

MEDICAL QUALITY ASSURANCE COMMISSION

CMT

Review of Cases

CMT DATE/
Panel Members/
Decision:

MQAC CMT - APRIL 27, 2011

William Gotthold, MD, Chair

Bruce Hopkins, MD

Judy Tobin, Public Member

Terri Elders, Public Member

DECISION: **Investigation authorized**

Case No.: 2011-155735

The attached pages were reviewed:

13-20

MQAC REVIEW
Case Number: 2011-155735

Date: April 19, 2011
Presented by: George Heye, MD

Respondent:	TWE, SUI MEN, MD	King County
--------------------	-------------------------	--------------------

Complainant:	Ms. 4 - Identity - Whistleblow...
---------------------	-----------------------------------

CASE SUMMARY

The Respondent:

Board Certified:	No.	Self designation: FAMILY MEDICINE
DOB:	12-22-2935	
Licensed since:	08-23-1978	
Expiration date:	12-22-2011	
Medical School:	1959—Inst of Med I; Yangon, Myanmar	
Residency:	Per AMA report: "NONE REPORTED TO DATE"	

The Complainant: A patient

Malpractice Settlement: N/A.

The Complaint: The complainant obtained a copy of her medical records and found pages for another patient in her file. There is no similarity in names between the complainant and the other patient.

RCM Review

Prior Cases:

92-05-0003MD – *Closed No Jurisdiction (not investigated).*

2009-136595 – The complainant says that the respondent prescribed large amounts of a benzodiazepines along with Tylenol with codeine to a patient who was abusing the medication. In late 2008 the patient went into rehab and was then off medications for about three months at which time the respondent once again prescribed benzodiazepines for the patient. The respondent is reportedly aware that the patient also uses marijuana, drinks and "takes other pills" yet continues to prescribe for her.

The complainant also mentions a second patient who may be supplementing her pain medications with occasional visits to the respondent. This patient does not live in the area where the respondent practices.

Closed NCFA.

2010-149637 – The complainant writes that the respondent has been refilling her husband's medication (Zoloft) for the past three years without ever seeing him during that time in follow-up. The patient recently went off the medicine for three months but then started back up again and the respondent approved the refill without a comment or questioning why the patient's use fell

off for a while. The wife also questions whether her husband really needs to be taking the medication at all.

Currently in Case Disposition. Investigator: Pyles; Staff Atty: Caille; RCM: Small.

2010-150689 – The respondent reportedly has prescription medications returned to her by some of her patients. She will distribute these medications to other patients who cannot afford to pay for them. Some of the medication is reportedly out of date.

Currently in Case Disposition. Investigator: Slavin; Staff Atty: Caille; RCM: Harder.

2011-155286 – A complainant is concerned with the respondent's prescribing of opioid medications to patients. One of the patients was reported to be selling the medication, another was reported to be getting medications from other providers as well. A third patient was on an extremely high dose of a schedule II opioid. Other issues of concern were patients paying for the medications with cash and coming from areas that were geographically remote from the respondent's practice.

Currently in Investigations. Investigator: Pyles.

Recommendation:

Hamilton, Cindy (DOH)

From: Dotson, Justin O (DOH)
Sent: Tuesday, April 12, 2011 10:47 AM
To: Hamilton, Cindy (DOH)
Subject: FW: Attached Image



0303_001.pdf

Hello Cindy -

This one is for you, have a great day.

Justin Dotson

***Washington State Department of Health
Complaint Intake Specialist***

Ph: (360) 236-4627

Fx: (360) 236-2626

justin.dotson@doh.wa.gov



Washington State Department of

Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

Complaint FormToday's Date: 4-8-11**1. Your Information**Name: 4 - Identity - Whistleblower regarding health care provider - RC...10-10-76Address: 4 - Identity - Whistleblower regarding health care provider - RCW ...City: 4 - Identity - Whistleblower regarding health car...State: 4 - Ident...Zip: 4 - Identity - W...Phone: 4 - Identity - Whistleblower regardin...

Home () - -

2. Information about the Facility or Health Care ProfessionalType of facility or profession: Family DRName of facility or professional: Sui M. Twe, M.DAddress: 10056 SE 240th Suite DCity: KentState: WA Zip: 98031**3. Resident/Guest/Patient Information**Full Name (If different than above) Barbara GreenDate of Birth (of patient, if complaint involves a patient) 3/22/47Date of Incident: 2010 - 4-5-11

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at HSQAComplaintIntake@doh.wa.gov, or fax to 360.236.2626, or mail to:

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia WA 98504-7857

I have been seeing Dr twee since 2004. I ASK HER FOR MY MED RECORDS BACK IN 2010
I SEEN THINGS THAT DIDNT BELONG TO ME BACK IN 2007 FILE.
I told her and she just left then like it's nothing.
I have her date of birth i have breast order form,
i know she has bone density post menopausal,
I HAVE HER PHYSIAL THERAPY INFO
I HAVE HER RELEASE FOR WORK INFO
I TOOK ALL THIS OUT OF MY FILE AND ALL THIS INFO HAS BEEN IN THEIR SINCE
2007.

I feel this is rong and this is how bad thing happen to people. and this is a
hinna rule violation. I hope you can look in to this. YOU CAN CONTACT ME AT
4 - Identity - Whi... AND I HAVE ALL THE PROF.

THANK YOU

4 - Identity - Whistleblow...

4 - Identity - Whi... 4...

VALLEY BREAST CENTER

4033 Talbot Rd. S. Suite #470 - Renton, WA 98055

Phone: 425-656-5588 Fax: 425-656-5563

www.valleymed.org

Patient name: 3 - Healthcare information readily identifiable to a perso...

Today's date: 2/19/07

DOB: 3 - Healthcare information rea...

☐ Male☒ Female

Phone: _____

Reason for exam: (ICD-9 code): _____

Implants? ☐ Yes ☐ NoPrior Breast Cancer? ☐ Yes ☐ No

Date: _____

Previous breast imaging? ☐ Yes ☐ No

Location: _____

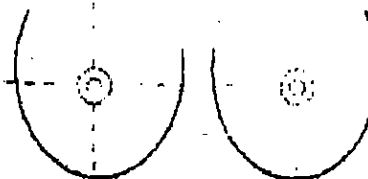
Procedure requested:

☒ SCREENING MAMMOGRAM

- No signs, symptoms, or personal history of breast cancer

☐ DIAGNOSTIC MAMMOGRAM (Ultrasound if indicated)☐ Bilateral☐ Unilateral: ☐ Right ☐ Left

- Personal history of breast cancer
- Focal pain, nipple retraction, skin dimpling, mastitis, nipple discharge
- All male patients
- Unilateral exams and all short term follow-ups

☐ BREAST ULTRASOUND (Diagnostic mammogram if indicated)☐ Bilateral☐ Unilateral: ☐ Right ☐ Left☐ SPECIAL PROCEDURES☐ Stereotactic or US guided needle biopsy: ☐ Right ☐ Left☐ Cyst aspiration: ☐ Right ☐ Left☐ Galactogram: ☐ Right ☐ Left☐ Wire localization: ☐ Right ☐ LeftPLEASE MARK ANATOMICAL
AREA OF CONCERN:

Right

Left

Estimated size of abnormality:

☒ BONE DENSITY (DEXASCAN) Reason for exam (ICD-9):

post menopausal

Ordering Physician: _____

Sui Min TWE MD Signature Required

Valley Medical Center
Valley Breast Center Physician Order Form

Form# 87-8121-0

4/6/06

KENT CLINIC
10024 S.E. 240th ST.
SUITE 201
KENT, WA 98031
PHONE: (253) 852-3194
FAX: (253) 850-8894
MERIANNE JORDAN, MPT
DIRECTOR

COVINGTON CLINIC
17615 S.E. 272ND ST.
SUITE 110
COVINGTON, WA 98042
PHONE: (253) 831-5463
FAX: (253) 831-5834
STACY LYONS, PT
DIRECTOR

DES MOINES CLINIC
22030 7TH AVE. S.
DES MOINES, WA 98198
PHONE: (206) 824-4975
FAX: (206) 824-4031
ANDREA HAMILTON, PT
DIRECTOR

REDONDO CLINIC
27005 PACIFIC HWY. S.
DES MOINES, WA 98198
PHONE: (253) 839-9280
FAX: (253) 839-9375
KELLY STOCKDALE-NIELSEN, PT
DIRECTOR

Physical Therapy Referral

Physiotherapy Associates

Date 2/19/11

Patient's Name _____

3 - Healthcare information readily identifiable to a person - RCW...

Diagnosis _____

Low Back Pain

ICD-9

724.2

☒ EVALUATE AND TREAT

Patient Phone # () _____

Treatment Considerations:

- | | | |
|--|---|--|
| <input type="checkbox"/> per total joint guidelines | <input type="checkbox"/> functional capacity evaluation | <input type="checkbox"/> orthotic eval/fabricate/fit |
| <input type="checkbox"/> home program | <input type="checkbox"/> work rehab/conditioning | <input type="checkbox"/> gait/balance |
| <input type="checkbox"/> pre-OP preparation | <input type="checkbox"/> back school | <input type="checkbox"/> gait analysis |
| <input type="checkbox"/> iontophoresis/
phonophoresis | <input type="checkbox"/> spine stabilization | <input type="checkbox"/> incontinence/biofeedback |
| <input type="checkbox"/> ultrasound | <input type="checkbox"/> electrical stim/nmes | <input type="checkbox"/> pregnancy |

Comments/Precautions:

Acute HEP

Frequency: ☐ PRN

☐ 3x/wk

☒ 2x/wk

☐ 1x/wk

for 4 weeks

Patient's next appointment at my office is _____

Sui M. Twa, M.D.

10056 SE 240th St

Kent, WA 98031

Signed _____

Sui M. Twa

Sui M. Tve, M.D.
Linda M. Geere, M.D.
10056 S.E. 240th, Suite D
Kent, Washington 98031
(253) 854-9799

DATE: 2-19-07

To Whom It May Concern:

3 - Healthcare information readily identifiable to...

has been under my care from 2-19-07
through 2/21/07

Patient may return to work on 2/22/07.

If you have any further questions, please feel free to call.

Sincerely,

SMT

Case View Screen [update]

Case	2011-155735 (PUBLIC)	Date Created	04/19/2011	Audit Entry Items Documents Notes Master Cases Participants Add Master Case Timeline History
Status	Intake	Date Received	04/12/2011	
Respondent ID	422911	How Received	Mail	
Respondent	SUI MEN TWE	Receiving Board	COMMISSION	
Credential	MD.MD.00016879	Receiving Profession	Physician And Surgeon License	
Complainant ID	989024	Receiving Department	Case Intake	
Complainant	4 - Identity - Whis...	Received ByC	ynthia R Hamilton	
		Alleged Issues		
		Records		
		Case Nature		
		Standard of Care/Services		

Comments:

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

Priority History [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
------	----------	-----------------	----------------	---------------	---------	-----	------

Other Participants [add]

No additional participants found

Resolution [update]

Department: Case Intake	Found Issues none Resolution none
Worker: Cynthia R Hamilton	
Date Closed:	

Resolution Notes:**Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case ID
------	-----------------	--------	-----	---------

No HIPDB Reports found for this credential.

Action Items [add] [add group]

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created ▼	User
Intake	Case Intake, Hamilton, Cynthia R			04/19/2011	04/19/2011		04/19/2011	Hamilton, Cynthia R
Target:	SUI MEN TWE							
Warning:	Warning Type:	CASE PENDING						
	Warning Effective Date:	04/19/2011						
	Suppress License Print:	NO						
Case Status:	Status Changed To:	Intake						
Action Info:	Complaint Source	Patient/Client/Resident						
	Possible Imminent	No						
	Danger?							
	Single Complaint							
	Process Coordination	No						
	Needed?							



AMA Physician Profile

Name and Mailing Address:

SUI MEN TWE MD
10056 SE 240TH ST STE D
KENT WA 98031-5126

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: 1-253-854-9799

Birthdate: 12/22/1935

Birthplace: BURMA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self-Designated by the Physician*:

Primary Specialty: FAMILY MEDICINE

Secondary Specialty: UNSPECIFIED

*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: NON MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

Current and/or Historical Medical School:

INST OF MED I, YANGON, MYANMAR

Degree Awarded: Yes

Degree Year: 1959



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: NONE REPORTED TO DATE

State:

Specialty :

++

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	08/23/1978	12/22/2011	ACTIVE	UNLIMITED	04/06/2011

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1437215472	12/27/2006	NOT RPTD	NOT RPTD	NOT RPTD	04/12/2011

ECFMG Certification:

Applicant Number: 02599645

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.



AMA Physician Profile

Federal Drug Enforcement Administration:

* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX446	22N 33N 4	11/30/2011	04/08/2011
Address: 10056 SE 240th St Ste D, Kent, WA 98031-5126			

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

Certifying Board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.

Certificate:

Certificate Type:

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
-----------------	------------------	-------------------	-----------------------	-------------------	----------------------

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.



AMA Physician Profile

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800-665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

Credential View Screen

SUI MEN TWE

Address:

☒ Public ☐ Mail ☐ Renewal Mail

[change public address]

SUI MEN TWE
10056 SE 240TH, SUITE 'D'
KENT, WA 98031

ID 422911
Warnings **CASE PENDING**
SSN/FEIN 2 - DOH Licen...
Contact Standing Living
Contact Type INDIVIDUAL
Birth Date 12/22/1935
Public File YES
Mailing List
Legacy Licensure Name TWE, SUI MEN

Contact
Audit
Public Cases
Cont. Edu
Documents
Owned By/Key Mgmt
Exams
Experience
Notes
Schools
Supervises
SupervisedBy
Legacy
Librarian
Application
Other State License

2011-155286
Am Pylar

Comments:

Physician And Surgeon License [form letter]

Credential # MD.MD.00016879
Legacy License # MD00016879
Application Date
Effective Date 01/12/2010
Expiration Date 12/22/2011
First Issuance Date 08/23/1978
Last Date Of Contact
CE Due Date 12/22/2013

Credential Status ACTIVE (01/19/2010)
Status Reason ACTIVE
Amount Due \$0.00
Date Last Activity 4/6/2011 3:25:35 PM
Last Updated by Creighton, Vicki I
Certificate Sent Date 01/19/2010

Audit
Documents
Workflow
Key Mgmt
Fees
Notes
Print Docs
Comp. Audit
Renewal
Legacy

Comments:

Supervises	User Defined License Data	Legacy	HIPDB
------------	---------------------------	--------	-------

[update]

Contact Name	Credential	Credential Definition	Board	Supervision Type	Status
Allison S Halgren	PHCT.PH.00001571	PHCT-Pharmacy Collaborative Drug Therapy Agreement	PHARMACY		APPROVED
Melissa J Hansen	PHCT.PH.00003197	PHCT-Pharmacy Collaborative Drug Therapy Agreement	PHARMACY		APPROVED
ANDREA L SIMONS	PHCT.PH.00002633	PHCT-Pharmacy Collaborative Drug Therapy Agreement	PHARMACY		APPROVED
Thanyaporn Threerawankongsiri	PHCT.PH.00001703	PHCT-Pharmacy Collaborative Drug Therapy Agreement	PHARMACY		CLOSED

2011-155735

Complainant View for 2011-155735 [\[back\]](#)[4 - Identity - Whist...](#)[\[change address\]](#)[4 - Identity - Whistleblower regarding he...](#)

ID	989024
Contact Standing	Living
Cell #	4 - Identity - Whistl...
SSN/FEIN	
Public File	YES
Mailing List	
Contact Type	ENFORCEMENT ENTRY

Comments:

Credentials

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
------------	-----	--------------	---------------	-----------------	--------	--------

No Credentials on File

[Update Contact](#)[Change Contact](#)



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

June 29, 2011

Sui M. Twe, MD
10056 SE 240th, Suite D
Kent, WA 98031

Subject: Sui M. Twe, MD
Re: Case # 2011-155735 MD 00016879

Dear Dr. Twe:

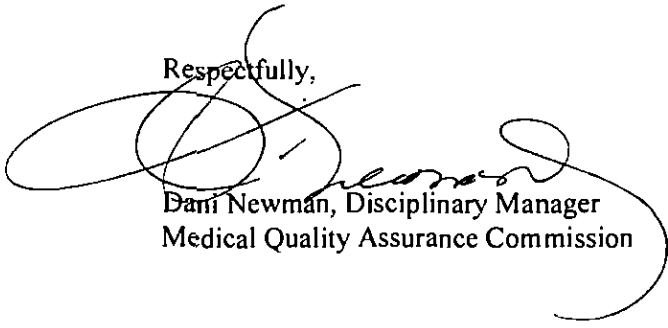
The Medical Quality Assurance Commission has closed the investigation of your complaint because the complainant has asked the Commission to withdraw the complaint.

Washington State law provides you with the right to submit an additional written statement if you wish. Any statement you provide will be added to the investigative file. The investigative file is subject to public release pursuant to the Washington State Public Records Act.

The Washington State Public Records Act also provides you with the right to request copies of documents from the investigative file. If you would like a copy of the investigative report, or copies of documents gathered during the investigation, please submit a request to the Department of Health, Public Disclosure Unit, P.O. Box 47865, Olympia, Washington 98504-7865 or fax your request to 360-586-2171.

The Medical Quality Assurance Commission thanks you for your cooperation during the investigation. The Commission understands that being investigated is disconcerting and inconvenient. Many physicians use this experience to initiate a self-critique of their practice and, when indicated, modify or improve certain areas of practice. Thank you again for your cooperation in this matter.

Respectfully,



Dani Newman, Disciplinary Manager
Medical Quality Assurance Commission



NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE

**DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS**

MEMORANDUM TO FILE

DATE: May 31, 2011

TO: File

FROM: Mary Creeley, Health Care Investigator

FILE: 2011-155735MD – Sui Men Twe, MD

RE: Telephone Call with the Complainant

On May 31, 2011, I contacted [4 - Identity - Whistleblow...], Complainant, with regard to signing and returning the whistleblower release form. The Complainant stated that the Respondent told her if she went further with the state she would prosecute her for taking her records. The Complainant explained that she was in nursing school and did not want anything on her record. She went on to say that after talking with her husband they decided they did not want to take the risk of going ahead with the complaint.

The Complainant explained that in 2007 she received copies of her records and discovered that there were some chart notes in her file for another patient. The Complainant said that she notified the Respondent of this. She went on to say the patient records are left out in the open for anyone to look at.

According to the Complainant, she went for an appointment on April 8, 2011, and her patient file was out in the open for anyone to look at and she took her records so no one could look at them. The Complainant stated that the wrong patient records found in 2007 were still in her patient records. The Respondent did nothing about the records found in her file after she was notified in 2007.

The Complainant stated that the Respondent called the police when she took her patient records and the police contacted her to ask her to return her records to the office. The Complainant said that she returned the records, but received a call from the police saying there were records missing. She continued by saying she found a stapled packet in her car and returned those as well. When she returned the records, the Respondent again said that if she went any further with reporting her she would prosecute her for stealing her records and that would hurt her nursing career.

May 31, 2011

Page 2

Dr. Twe

The Complainant explained that the office is all messed up and the records are left out in the open for anyone to look at. She went on to say the staff changes constantly and they do not know what they are doing. The Complainant stated that the Respondent is 78 years old and she is more interested in your personal life then with your medical issues.

In addition, the Complainant needed a refill for her seizure medication, topamax and she contacted Rite Aide at 425-226-4390. The Complainant reported that the Respondent denied the refill request. The Complainant said that she called the Respondent's office asking why and she was told the Respondent was not going to refill the prescription for her.

The Complainant stated that she has not been terminated from the Respondent's office. She continued by saying she is on DSHS and it is difficult to find a doctor who accepts DSHS coupons.

I explained to the Complainant that the Commission would not be able to go forward with the complaint without her approval to release her name. We discussed the issues and in the end she stated she wanted to go ahead with the complaint and asked that another release form be sent to her.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

June 1, 2011

4 - Identity - Whistleblower regarding health care pro...

COPY

Re: Sui Men Twe, MD
Case No. 2011-155735MD

Dear Ms. 4 - Identit...

This letter concerns the complaint you recently filed against Sui Men Twe, MD.

Washington State RCW 43.70.075 pertains to the "Whistleblower Law" that requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. In some instances, particularly in your case, where you are the consumer of care complaining against a provider, investigation cannot proceed without disclosure of your identity to the particular provider. This is so the provider can respond appropriately to the allegations of your complaint and provide records specific to your case.

This investigation and/or action is contingent upon the disclosure of your identity to the provider. Should you desire this investigation to proceed, your voluntary authorization in the form of a Waiver of Confidentiality of Identity will be necessary. An original request for release was made on April 29, 2011 and May 19, 2011, when your complaint was received. As of this date the requested releases have not been received. I have enclosed a second set of forms for your signature, along with a postage paid envelope for their return. When your waiver has been obtained, your identity will be released solely for purposes of investigation and adjudication, as necessary. If the request is not returned by June 9, 2011, the case files will be forwarded to the Medical Quality Assurance Commission for closure without investigation. If you have any further questions or if I may be of assistance to you, please do not hesitate to call me at (360) 236-2770. Thank you for your cooperation.

If you do not intend to go forward with this investigation, please sign the denial portion of the whistleblower waiver form and return it to this office.

Respectfully,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Attachments: Return Envelope
Waiver of Confidentiality of Identity

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075

COPY

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, ... shall remain confidential..."

I understand that my identity is confidential pursuant to RCW 43.70.075, unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Sui Men Twe, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____ Printed name: _____
Date: _____ Please include middle initial
Home Phone: _____ Date of Birth: _____
Day Phone: _____ PLEASE RETURN NO LATER THAN June 9, 2011

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

CASE #: 2011-155735MD
RESPONDENT: Sui Men Twe, MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

May 19, 2011

4 - Identity - Whistleblower regarding health...

COPY

Re: Sui Men Twe, MD
Case No. 2011-155735MD

Dear Ms. 4 - Identity...

This letter concerns the complaint you recently filed against Sui Men Twe, MD.

Washington State RCW 43.70.075 pertains to the "Whistleblower Law" that requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. In some instances, particularly in your case, where you are the consumer of care complaining against a provider, investigation cannot proceed without disclosure of your identity to the particular provider. This is so the provider can respond appropriately to the allegations of your complaint and provide records specific to your case.

This investigation and/or action is contingent upon the disclosure of your identity to the provider. Should you desire this investigation to proceed, your voluntary authorization in the form of a Waiver of Confidentiality of Identity will be necessary. An original request for release was made on April 29, 2011, when your complaint was received. As of this date, the requested releases have not been received. I have enclosed a second set of forms for your signature, along with a postage paid envelope for their return. When your waiver has been obtained, your identity will be released solely for purposes of investigation and adjudication, as necessary. If the request is not returned by May 27, 2011, the case files will be forwarded to the Medical Quality Assurance Commission for closure without investigation. If you have any further questions or if I may be of assistance to you, please do not hesitate to call me at (360) 236-2770. Thank you for your cooperation.

If you do not intend to go forward with this investigation, please sign the denial portion of the whistleblower waiver form and return it to this office.

Respectfully,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Attachments: Return Envelope
Waiver of Confidentiality of Identity

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075

COPY

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, ... shall remain confidential..."

I understand that my identity is confidential pursuant to RCW 43.70.075, unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Sui Men Twe, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____ Printed name: _____
Date: _____ Please include middle initial
Home Phone: _____ Date of Birth: _____
Day Phone: _____ PLEASE RETURN NO LATER THAN May 27, 2011

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

CASE #: 2011-155735MD
RESPONDENT: Sui Men Twe, MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

April 29, 2011

4 - Identity - Whistleblower regarding health ca...

COPY

RE: Sui Men Twe, MD
Case No. 2011-155735MD

Dear Ms. 4 - Iden...

Thank you for your recent letter in which you express concerns regarding medical care provided by Sui Men Twe, MD. Your complaint has been assigned case number 2011-155735MD.

Your complaint will be investigated to determine if a violation of the Uniform Disciplinary Act, RCW 18.130.180, Unprofessional Conduct, has occurred. If you have any additional information pertaining to your complaint, please forward it along with a copy of this letter to me at the address listed below. Please understand that you may not hear from us during the investigation. If we need additional information from you, one of the Commission's investigators will contact you.

Enclosed for your information is the brochure, *What Happens Next?* along with a copy of RCW 18.130.180, the statute that identifies Unprofessional Conduct. Once the investigation is complete, a panel of the Medical Quality Assurance Commission will review the facts of the case and make a decision. You will be notified in writing of the decision.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions or need additional information, please call me at 360-236-2770.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98506-7866

Enclosures: What Happens Next?
RCW 18.130.180





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

April 29, 2011

4 - Identity - Whistleblower regarding health ca...

COPY

RE: Sui Men Twe, MD
Case No. 2011-155735MD

Dear Ms. 4 - Ident...

Washington state law, RCW 43.70.075, pertains to the "Whistleblower Law" which requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. In some instances, particularly in your case, where you are the consumer of care complaining against a provider, an investigation cannot proceed without disclosure of your identity to the particular provider. This is so the provider can respond appropriately to the allegations of your complaint and provide records specific to your complaint.

This investigation and/or action is contingent upon the disclosure of your identity to the provider. Should you desire this investigation to proceed, your voluntary authorization in the form of an Authorization to Release Complainant's Name will be necessary. I have enclosed this form for your signature, along with a postage paid envelope for its return. Once your waiver is received, your identity will be released solely for the purposes of investigation and adjudication as necessary. Your identity will be protected in all other instances and will not be released in response to public disclosure requests. **Your signed waiver is due back to this office no later than May 16, 2011.**

If you have any questions, please contact me at (360) 236-2770.

Thank you for your cooperation.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
Medical Investigations
PO Box 47866
Olympia, WA 98504-7866

Attachments: Return Envelope
Waiver of Confidentiality of Identity



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075

COPY

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, shall remain confidential."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Sui Men Twe, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

Printed name: _____
Please include middle initial
Date of birth: _____
PLEASE RETURN NO LATER THAN May 16, 2011

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

CASE #: 2011-155735MD
RESPONDENT: Sui Men Twe, MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

April 29, 2011

Sui Men Twe, MD
10056 SE 240th
Ste D
Kent, WA 98031

SUBJECT: Case No: 2011-155735MD

COPY

Dear Dr. Twe:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180(20), the Uniform Disciplinary Act. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by a Health Care Investigator from the Medical Quality Assurance Commission, Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

Please note that the Medical Quality Assurance Commission is bound by statute to comply with two different laws, which may seem to conflict. The first requires that we immediately notify a practitioner that a complaint has been filed. ***The second, the whistleblower law RCW 43.70.075, prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver authorizing us to do so. We are sensitive to the fact that it can be very disconcerting to know a complaint has been filed against you, but not know any details about it. Therefore, once the waiver has been obtained, an investigator will contact you as soon as possible and all issues will be discussed as fully as allowed by law so that you will have an opportunity to respond.*** In a very small percentage of cases, a statement from you will not be required and no investigator will contact you.

You may submit a written statement about the complaint at any time, however, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. You may consult with legal counsel at your expense prior to making a statement. Any statement that you make may be used in an adjudicative proceeding concerning this case. If the Commission receives any inquiries about the status of your license while this case is still open, only the existence of a complaint will be disclosed. Once the Investigation and case review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure What Happens Next? along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please contact me at 360-236-2770.

Respectfully,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Enclosure: What Happens Next, RCW 18.130.180

Hamilton, Cindy (DOH)

From: Dotson, Justin O (DOH)
Sent: Tuesday, April 12, 2011 10:47 AM
To: Hamilton, Cindy (DOH)
Subject: FW: Attached Image



0303_001.pdf

Hello Cindy -

This one is for you, have a great day.

Justin Dotson
Washington State Department of Health
Complaint Intake Specialist
Ph: (360) 236-4627
Fx: (360) 236-2626
iustin.dotson@doh.wa.gov



Washington State Department of

Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

Complaint FormToday's Date: 4-8-11**1. Your Information**Name: 4 - Identity - Whistleblower regarding health care provider - RC...10-10-76Address: 4 - Identity - Whistleblower regarding health care provider - RC...City: 4 - Identity - Whistleblower regarding health...State: 4 - Identity - ...Zip: 4 - Identity - ...Phone: Work 4 - Identity - Whistleblower regardi...

Home () - - - - -

2. Information about the Facility or Health Care ProfessionalType of facility or profession: Family DRName of facility or professional: Sui M. TWE, M.D.Address: 10056 SE 240th, Suite DCity: KentState: WA Zip: 98031**3. Resident/Guest/Patient Information**Full Name (If different than above) Barbara GreenDate of Birth (of patient, if complaint involves a patient) 3/22/47Date of Incident: 2010 - 4-5-11

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at HSQAComplaintIntake@doh.wa.gov, or fax to 360.236.2626, or mail to:

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia WA 98504-7857

I have been seeing Dr twee since 2004. I ASK HER FOR MY MED RECORDS BACK IN 2010
I SEEN THINGS THAT DIDNT BELONG TO ME BACK IN 2007 FILE.
I told her and she just left then like it's nothing.
I have her date of birth i have breast order form,
I know she has bone density post menepamal,
I HAVE HER PHYSIAL THERAPY INFO
I HAVE HER RELEASE FOR WORK INFO
I TOOK ALL THIS OUT OF MY FILE AND ALL THIS INFO HAS BEEN IN THEIR SINCE
2007.

I feel this is rong and this is how bad thing happen to people. and this is a
hinna rule violation. I hope you can look in to this. YOU CAN CONTACT ME AT
4 - Identity - Whis... AND I HAVE ALL THE PROF.

THANK YOU!!

4 - Identity - Whistleblow...

VALLEY BREAST CENTER

4033 Talbot Rd. S. Suite #470 - Renton, WA 98055

Phone: 425-656-5588 Fax: 425-656-5563

www.valleymed.org

Patient name: 3 - Healthcare information readily identifiable to a person...Today's date: 2/19/07DOB: 3 - Healthcare informati...☐ Male☒ Female

Phone: _____

Reason for exam: (ICD-9 code): _____

Implants? ☐ Yes ☐ NoPrior Breast Cancer? ☐ Yes ☐ No

Date: _____

Previous breast imaging? ☐ Yes ☐ No

Location: _____

Procedure requested:☒ **SCREENING MAMMOGRAM**

- No signs, symptoms, or personal history of breast cancer

☐ **DIAGNOSTIC MAMMOGRAM** (Ultrasound If Indicated)☐ Bilateral☐ Unilateral: ☐ Right ☐ Left

- Personal history of breast cancer
- Focal pain, nipple retraction, skin dimpling, mastitis, nipple discharge
- All male patients
- Unilateral exams and all short term follow-ups

☐ **BREAST ULTRASOUND** (Diagnostic mammogram If indicated)☐ Bilateral☐ Unilateral: ☐ Right ☐ Left☐ **SPECIAL PROCEDURES**☐ Stereotactic or US guided needle biopsy: ☐ Right ☐ Left☐ Cyst aspiration: ☐ Right ☐ Left☐ Galactogram: ☐ Right ☐ Left☐ Wire localization: ☐ Right ☐ Left☒ **BONE DENSITY (DEXASCAN)** Reason for exam (ICD-9):post menopausal**PLEASE MARK ANATOMICAL
AREA OF CONCERN:**

Right

Left

Estimated size of abnormality:

Ordering Physician: Sui Hyun T we md

Signature Required

Valley Medical Center

Valley Breast Center Physician Order Form



Form# 87-8121-0

4/6/05

KENT CLINIC
10024 S.E. 240th ST.
SUITE 201
KENT, WA 98031
PHONE: (253) 852-3184
FAX: (253) 850-8894
MERIANNE JORDAN, MPT
DIRECTOR

COVINGTON CLINIC
17615 S.E. 272ND ST.
SUITE 110
COVINGTON, WA 98042
PHONE: (253) 831-5463
FAX: (253) 831-5834
STACY LYONS, PT
DIRECTOR

DES MOINES CLINIC
22030 7TH AVE. S.
DES MOINES, WA 98198
PHONE: (208) 824-4975
FAX: (208) 824-4031
ANDREA HAMILTON, PT
DIRECTOR

REDONDO CLINIC
27005 PACIFIC HWY. S.
DES MOINES, WA 98198
PHONE: (253) 839-9260
FAX: (253) 839-9375
KELLY STOCKDALE-NIELSEN, PT
DIRECTOR

Physical Therapy Referral

Physiotherapy Associates

Date 2/19/07

Patient's Name _____

3 - Healthcare information readily identifiable to a person...

Diagnosis _____

Low Back Pain

ICD-9

724.2

☒ EVALUATE AND TREAT

Patient Phone # (____) _____

Treatment Considerations:

- | | | |
|--|---|--|
| <input type="checkbox"/> per total joint guidelines | <input type="checkbox"/> functional capacity evaluation | <input type="checkbox"/> orthotic eval/fabricate/fit |
| <input type="checkbox"/> home program | <input type="checkbox"/> work rehab/conditioning | <input type="checkbox"/> gait/balance |
| <input type="checkbox"/> pre-OP preparation | <input type="checkbox"/> back school | <input type="checkbox"/> gait analysis |
| <input type="checkbox"/> iontophoresis/phonophoresis | <input type="checkbox"/> spine stabilization | <input type="checkbox"/> incontinence/biofeedback |
| <input type="checkbox"/> ultrasound | <input type="checkbox"/> electrical stim/nmes | <input type="checkbox"/> pregnancy |

Comments/Precautions:

Acute HEP

Frequency: ☐ PRN ☐ 3x/wk ☒ 2x/wk ☐ 1x/wk for 4 weeks

Patient's next appointment at my office is _____

Sui M. Twa, M.D.

10056 SE 240th St.

Kent, WA 98031

(253) 852-3184

Signed _____

Sui M. Twa

Sui M. Twe, M.D.
Linda M. Geere, M.D.
10056 S.E. 240th, Suite D
Kent, Washington 98031
(253) 854-9799

DATE: 2-19-07

To Whom It May Concern:

3 - Healthcare information readily identifiable...

_____ has been under my care from 2-19-07
through 2/21/07

Patient may return to work on 2/22/07.

If you have any further questions, please feel free to call.

Sincerely,

SMT

Redaction Summary (45 redactions)

4 Privilege / Exemption reasons used:

- 1 -- "Attorney work product - RCW 42.56.290" (1 instance)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)
- 3 -- "Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020" (8 instances)
- 4 -- "Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075" (35 instances)

Redacted pages:

Page 3, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
Page 5, Attorney work product - RCW 42.56.290, 1 instance
Page 5, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
Page 9, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
Page 12, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
Page 15, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 6 instances
Page 16, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 4 instances
Page 17, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 2 instances
Page 18, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 1 instance
Page 19, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 1 instance
Page 20, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
Page 25, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 26, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 3 instances
Page 29, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
Page 31, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
Page 33, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
Page 35, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
Page 36, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
Page 40, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 6 instances
Page 41, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
Page 42, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 2 instances
Page 43, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 1 instance
Page 44, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 1 instance